Under the Paperwork R	Reduction Act of 199	5. no person are re	auired to		nt and Trade	oved for use through mark Office; U.S. DE ation unless it display	06/30/2010. C	F COMMERC
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2009				respond to a collection of information unless it displays a valid OMB control numb  Complete if Known				
						10/594,595-Conf. #5586		
				Filing Date		September 28, 2006		
				First Named Inventor		Yukio KATO		
				Examiner Name		S. L. Chen		
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1632		
TOTAL AMOUNT OF PAYMENT (\$) 180.00				Attorney Docket No.		0230-0242PUS1		
METHOD OF PAYM	E <b>NT</b> (check all t	hat apply)					and the second s	
	t Card N	Money Order	Non	e Other	(please ident			
	Deposit Account Numb	<b>*</b>	<del></del>	,	Account Nam			Birch, LLP
For the above-id	entified deposit a	account, the Dire	ector is	hereby authorize	ed to: (che	ck all that apply)		
<u> </u>	e(s) indicated bel				je fee(s) in	dicated below, ex	xcept for th	e filing fee
	y additional fee(s er 37 CFR 1.16 a		ents of	x Credit	any overp	ayments		
FEE CALCULATION	and the state of t							
1. BASIC FILING, SEAR	CH, AND EXAM	INATION FEES	3					
Application Type		G FEES Small Entity		RCH FEES Small Entity		NATION FEES Small Entity	F - D 11(4)	
Application Type	<u>Fee (\$)</u>		Fee (\$)		Fee (\$)	Fee (\$)	Fees Pa	aid (\$)
Utility	330	165	540	270	220	110	M	
Design	220	110	100	50	140	70 0.5		
Plant	220	110	330	165	170	85	<del></del>	
Reissue	330	165	540	270	650	325	***************************************	
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description	5						Fee (\$)	mall Entity Fee (\$)
<u>Fee Description</u> Each claim over 20 (incl	uding Reissues)						52	26
Each independent claim	,						220	110
Multiple dependent clain	·	,					390	195
Total Claims			Fee	e Paid (\$)	Multiple Dependent Claims			
18 - 23 or HP	x	=					ee Paid (\$)	
HP = highest number of total	claims paid for, if gre	eater than 20.						_
Indep. Claims	ndep. Claims			Paid (\$)				
3 or HP =	X							
HP = highest number of indep	pendent claims paid	for, if greater than 3	3.					
3. APPLICATION SIZE F If the specification and listings under 37 CF sheets or fraction the	drawings exceed R 1.52(e)), the a	pplication size	fee due	is \$270 (\$135 f				
Total Sheets	Extra Sheets			ditional 50 or frac	tion therec	of Fee (\$)	Fee Pa	aid (\$)
100 =		50 =	(	round <b>up</b> to a who	le number)	, , , , , , , , , , , , , , , , , , , ,		
4. OTHER FEE(S)  Non-English Specific	ation, \$130 fee	(no small entity	y discou	ınt)			Fees P	aid (\$)
Other (e.g., late filing		•		•	isclosure	Statement	180	.00
SUBMITTED BY								
Signature	Wal	#47,60		Registration No. Attorney/Agent)	28,977	Telephone	(703) 205-	8000
Name (Print/Type) Gerald	M.Murphy, Jr.					Date .	January 22	, 2010
The state of the s				#8500 20-00 to security and the security anamed and the security and the security and the security and the s	1889-Relia da Artenia de Caracteria de Caracteria de Caracteria de Caracteria de Caracteria de Caracteria de C		,	